

STATE OF MAINE

☐ ORIGINAL - STATE☐ COPY - Place of Death☐ COPY - Place of Residence☐ COPY - Place Permit Issued

NAME KNOWN TO PHYSICIAN		STATE OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES		MEDICAL EXAMINER FORM	
Michael Hancock		CERTIFICATE OF DEATH		DEATH FILE NUMBER	
1. FIRST NAME Michael	18. MIDDLE NAME John	10. LAST NAME Hancock	18. JR., SR., etc. N/A		
2. DATE OF DEATH (Mo, Dy, Yr) 6/02/2005	3. SEX M	4. SOCIAL SECURITY NUMBER 184-58-8351	5a. AGE (Yr) 28	5b. MONTH June	5c. DAY 2
7. BIRTHPLACE (City and State of Foreign Country) Olean, NY.		8. WAS DECEASED EVEN IN U.S. ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	9. PLACE OF DEATH (County and City) York, ME		
16. FACILITY NAME (If not included, give street and number) Maine Turnpike, Southbound		11. COUNTY OF DEATH York		12. CITY OR TOWN OF DEATH Saco	
13. MARITAL STATUS Married	14. MOST RECENT SPOUSE (If wife, give maiden name) Deceased	15. DECEASED'S USUAL OCCUPATION (Time and place of work during most of working life. Do not state retired) Computer Specialist	16. KIND OF BUSINESS OR INDUSTRY Computer Program		
17. EDUCATION (Specify or list school, college, university) College (1-4 or 5+ years) 12		18. ANCESTRY - French, English, Irish, etc. (Specify) Italian, French, English		19. RACE - American Indian, Alaska Native, etc. (Specify) White	
20. RESIDENCE STATE PA	21. RESIDENCE COUNTY McKean	22. RESIDENCE CITY OR TOWN Bradford	23. RESIDENCE STREET AND NUMBER Cornelius Drive		
24. FATHER'S John	25. MIDDLE NAME Charles	26. LAST NAME Hancock	27. JR., SR., etc. N/A		
28. MOTHER'S Jan	29. MIDDLE NAME Mentworth	30. MOTHER'S SURNAME Mentworth			
31. DECEASED'S NAME (If not as above) Jan M. Hancock		32. MAILING ADDRESS (Street or P.O. Box, City or Town, State, ZIP Code) Cornelius Dr. Bradford, PA. 15701			
33. METHOD OF DISPOSITION <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Burial from State <input type="checkbox"/> Urn by Medical School <input type="checkbox"/> Other (Specify)		34. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hollenbeck-Cahill Funeral Home		35. LOCATION - City or Town, State Bradford, PA	
36. SIGNATURE OF FUNERAL PRACTITIONER OR AUTHORIZED PERSON <i>John L. White</i>		37. NAME AND ADDRESS OF FUNERAL HOME OR AUTHORIZED PERSON Wilson Funeral Home, LLC, 24 S. Street, Saco, ME 04039			
38. MEDICAL EXAMINER On the basis of information and investigation, I certify that the above is the cause and date of the death of the deceased. <i>Michael J. Parent</i>		39. DATE ISSUED (Mo, Dy, Yr) 6/03/2005		40. MEDICAL EXAMINER Margaret S. Greenwood, M.D., Chief Medical Examiner Michael J. Parent, M.D., Deputy Chief Medical Examiner, 311 State House Station, Augusta, ME 04333	
41. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause Not Determined		42. DATE OF INJURY (Mo, Dy, Yr) 6/02/2005		43. DESCRIBE HOW INJURY OCCURRED Shot self with handgun	
44. WEAPONS AVAILABLE FEDERAL COMMISSION OF EXERCISE OF DEATH YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		45. TIME OF INJURY 5:30 PM		46. PLACE OF INJURY - At home, farm, shop, factory, office, school, etc. (Specify) Saco, ME on public road	
47. LOCATION - Street and Number or Rural Route Number, City or Town, State Milemarker 36, Southbound, Maine Turnpike, Saco, ME		48. DATE OF DEATH (Mo, Dy, Yr) 6/02/2005			
49. CAUSE OF DEATH - Enter the immediate, proximate, or contributing cause of death, or the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. Gunshot Wound to Head and Brain DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF A CERTIFICATE OF DEATH WHICH IS IN MY

DATE ISSUED:

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

ATTEST:

Donald R. Lemmings
STATE REGISTRAR
TOWN OF DEPUTY STATE REGISTRAR

V6-31 R1104 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED